Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS108AGC	A. BUILDING _____ B. WING _____	04/10/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLESTON RES. CARE HOTEL	2121 W CHARLESTON BLVD LAS VEGAS, NV 89102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual survey and complaint investigation survey conducted at your facility on April 9 - 10, 2008. The facility is licensed as a residential facility for groups to provide care for 129 elderly or disabled persons and/or persons with mental illnesses, Category 1 Residents. The census was 119. The sample included 25 residents. The following complaints were investigated: Complaint #NV15078 - Substantiated (TAG Y 105) Complaint #NV17919 - Substantiated with no deficiencies Complaint #NV17873 - Substantiated with no deficiencies Complaint #NV16332 - Substantiated with no deficiencies Complaint #NV17073 - Not Substantiated Complaint #NV16307 - Not Substantiated Complaint #NV16100 - Not Substantiated The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report. 2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediate inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime. NRS 449.179 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of	Y 105		

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Y 105	Continued From page 2 fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central	Y 105		

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Y 105	Continued From page 3 repository for Nevada records of criminal history. 4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime. 5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request. NRS 449.185	Y 105		

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Y 105	Continued From page 4 1. Upon receiving information from the central repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2. 2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1. 3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work; (a) Before it received the information concerning the employee or independent contractor from the central repository; (b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information; (c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or (d) Any combination thereof.	Y 105		

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Y 105	Continued From page 5 An agency or facility may be held liable for any other conduct determined to be negligent or unlawful. NRS 449.188 1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if: (a) The applicant or licensee has been convicted of: (1) Murder, voluntary manslaughter or mayhem; (2) Assault with intent to kill or to commit sexual assault or mayhem; (3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime; (4) Abuse or neglect of a child or contributory delinquency; (5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years; (6) A violation of any provision of NRS 200.50955 or 200.5099; (7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the preceding 7 years; or (8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or (b) The licensee has continued to employee a person who has been convicted of a crime listed in paragraph (a). 2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to	Y 105		

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Y 105	Continued From page 6 operate an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1. Based on interview and employee file review, the facility failed to ensure that 1) the ten day period for satisfying NRS 449.176 to 449.185 was met, 2) the criminal history of each employee who worked at the facility was investigated at least every 5 years, and 3) the employment a person convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 was terminated after the person was allowed time to correct the information. This citation includes 4 of 25 sampled employees (#14, #24, #25, #26) Findings include: Employee File Review Employee #14 was employed 8/1/93. The most recent documented background check was dated 2/10/03 (negative findings). Employee #24 was employed 9/17/02. The most recent documented background check was dated 11/18/02 (negative findings). Employee #25 Employee #25 was originally employed 5/29/06. Review of the personnel file revealed the employee's fingerprints were forwarded to the Nevada Repository on 5/29/06. The Nevada Repository's response dated 7/20/06 indicated that the employee was convicted of a crime listed	Y 105		

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Y 105	Continued From page 7 in NRS 449.188. The Nevada Repository's written statement dated 8/14/06 stated, "This is to advise that the Nevada Criminal History Records Repository has received a 'Request Copy of Criminal Record for Challenge' from the individual named above (Employee #25). The Repository has responded to the individual with a copy of their criminal history record, and a copy of NRS 449.176, Section 2, and NRS 449.188..." On 4/16/08, correspondence received from the facility verified that Employee #25 was terminated on 9/3/06 following receipt of the Nevada Repository's above quoted statement dated 8/14/06. On 4/9/08 and 4/10/08, there was an active time card for Employee #25 in the front office at the facility. Review of a resident's records on 4/10/08 and an incident report dated 4/1/08 indicated that Employee #25 had assisted a resident following a fall. Interview On 4/16/08 at 3:00 pm, Employee #1 indicated by telephone interview that Employee #25 was convicted on 8/10/04 of one of the crimes listed in NRS 449.188. Employee #1 verified that Employee #25 had worked at the facility in 2008. Employee #26 was hired on 2/4/08. The employee was fingerprinted on 2/25/08. The fingerprints were sent to the criminal history repository on 2/26/08. The criminal affidavit was not signed by Employee #26 until 3/18/08, exceeding the 10-day requirement. Severity: 2 Scope: 2	Y 105		

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Y 105	Continued From page 8 Complaint #NV15078 This is a repeat deficiency from the survey dated 5/11/07.	Y 105		
Y 175 SS=D	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that the premises were kept free from hazards. Findings include: On 4/9/08 and 4/10/08, the floor adjacent to Room #113 had loose threads and uneven grading, which posed a potential tripping hazard. Severity: 2 Scope: 1	Y 175		
Y 206 SS=F	449.211(4)(a) Automatic Sprinklers-Quarterly Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (a) Not less than once each calendar quarter by a person who understands the manner in which the system operates and the manner in which it should be	Y 206		

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Y 206	Continued From page 9 maintained. This Regulation is not met as evidenced by: Based on observation, interview, and document review, the facility failed to have its automatic sprinkler system inspected quarterly. Findings include: Observation On 04/09/08 in the morning, Employee #17 opened the sprinkler riser closet for inspection. No inspection tag was noted for 2008. Interview On 04/10/08 in the morning, Employee #17 indicated the sprinkler company had not yet conducted an inspection for 2008. Document Review On 04/10/08 in the morning, several quarterly sprinkler inspection invoices for 2007 were reviewed, the last of which was dated 11/21/07 by Certified Fire Protection. After an exhaustive search by Employee #17, the search produced no evidence of a first quarter 2008 sprinkler inspection for the facility. Severity: 2 Scope: 3	Y 206		
YA815 SS=G	449.2732(3)(a,b) Protective Supervision NAC 449.2732	YA815		

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YA815	Continued From page 10 3. The administrator of a residential facility with a resident who requires protective services shall ensure that: (a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and (b) There is a written plan for providing protective supervision for that resident. This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that a written plan was developed for providing protective supervision for the residents from 1 resident's aggressive behavior (#18). Findings include: Resident #18 Review of the record revealed the resident was discharged from Spring Mountain Sahara Hospital and admitted to the facility on 3/18/08. Observation / Interview On 4/10/08 in the morning following breakfast, Resident #18 was observed wandering through the facility and repeatedly demanded food (potato chips) from staff. Resident #18 displayed agitated behaviors when she did not receive the potato chips and demonstrated a loud, angry tone of voice. On 4/10/08 at 11:10 am in the Medication Room,	YA815		

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YA815	Continued From page 11 a female resident appeared in the doorway and asked Employee #13 to help with her bleeding elbow. When asked what happened, the resident responded that she was knocked over by Resident #18 during the morning breakfast meal in the Dining Room. A second female resident standing nearby then stated that she was also struck by Resident #18 on the previous day at lunchtime in the Dining Room. The medication container for Resident #18 contained a bottle of "Zyprexa, 2.5 mg (milligrams), BID (twice daily)." On 4/10/08 at 12:00 pm, the Assistant Administrator (Employee #12) and Employee #13 verified that Resident #18 refused the medication on an ongoing basis. Record Review The Discharge Statement from Spring Mountain Sahara Hospital dated 3/18/08, indicated that a prescription for Zyprexa Zydis, 2.5 mg , BID was given. The correspondence faxed from Spring Mountain Sahara to the facility dated 3/11/06 at 11:06 am, stated, "Here are (Resident #18's) current medications; she is on Zyprexa and Ambien (PRN (as needed)). The other medication was discontinued." The facility's Admission Statement indicated the resident's diagnoses as "Depression and Psychosis - Severe." (There was no documentation of the results of an initial history and physical examination.) The Medication Administration Record (MAR) for the last 2 weeks of March and the first 2 weeks of April, 2008 indicated that the Zyprexa 2.5 mg BID	YA815		

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YA815	Continued From page 12 was not administered. The back side of the MAR indicated only, "Resident refuses all med." There was no documented evidence that the physician was notified about the resident refusing all medication. There was no written plan for providing protective supervision from Resident #18's aggressive behavior through 4/10/08. On 4/10/08 at approximately 12:00 pm, Resident #18 was transferred to Valley Hospital via ambulance. The emergency admission application (Legal 2000) form dated 4/10/08 at 11:00 am, stated, "According to staff at Charleston Residential, pt (patient) has been aggressive randomly to other residents, refuses to take any medication, and has not been caring for herself." Severity: 3 Scope: 1	YA815		
YA895 SS=D	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	YA895		

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YA895	Continued From page 13	YA895		

This Regulation is not met as evidenced by:
Based on interview and resident record review, the facility failed to maintain an accurate record of the medication administered to each resident for 3 of 20 residents for which the facility maintained custody and assisted in the administration of medication (#3, #8, #19).

Findings include:

Interview / Record Review

The Medication Administration Records (MAR's) for the 20 sampled residents for whom the facility maintained custody and assisted in the administration of were dated April 1 through April 30, 2008.

On 4/10/08 in the morning, Employee #13 indicated it was the regular practice of the facility to document the last 2 weeks of the previous month and the first 2 weeks of the following month on each MAR. The documented administration of the medications included the months of March and April of 2008 on the MAR.

Resident #3

Resident #3 was admitted 1/16/08. The medication packet (filled 3/19/08) indicated the dosage for the Coumadin 5 mg (milligrams), 2 tablets on Monday and Friday, 1 1/2 on all other days.

On 4/10/08 in the morning, Employee #13 stated

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CHARLESTON RES. CARE HOTEL	2121 W CHARLESTON BLVD LAS VEGAS, NV 89102

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YA895	Continued From page 14 that the Coumadin dosage was changed on a weekly basis based on the "green slip" received from the resident's clinic. There was no documented evidence of the current physician's order for the Coumadin. Resident #8 Resident #8 was admitted 8/25/06. The medication bucket for Resident #8 had Clotrimazole Beta Cream, "Apply to affected area BID (twice a day) for 14 days." The MAR indicated that the cream was administered for 22 days: 3/20/08 through 4/10/08. There was no written physician's order for the Clotrimazole Beta Cream. Resident #19 Resident #19 was admitted 2/1/06. The medication bucket for Resident #19 had Sertraline HCL, 50 mg, filled 4/1/08. The MAR indicated that 100 mg was administered for the period of 3/16/08 through 4/10/08. There was no written physician's order for the Sertraline HCL. Severity: 2 Scope: 1	YA895		